

**January 25, 2007**

# **Montana Medicaid Notice**

## **Physicians, Mid-Level Practitioners (CRNA)**

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### **Adjustments to Anesthesia Claims**

Since the implementation of the Coordination of Benefits Agreement (COBA) in September 2006, some anesthesia electronic crossover claims were not processed and paid correctly.

Previously providers submitted their non-crossover anesthesia claims using the MJ (minutes) qualifier. Crossover claims from Medicare continue to be sent using the UN (units) qualifier. Crossover claims were all previously converted to minutes, but since COBA was implemented, all anesthesia claims were assumed to be in minutes as our HIPAA 837 translator did not differentiate between crossover and non-crossover claims.

On January 16, 2007, a system change was made and the MMIS now processes both the MJ and UN qualifiers. UN will be converted to minutes for anesthesia codes. Providers using the 15-minute units qualifier will need to send the correct number of units depending on the qualifier they use.

Providers who submit electronic claims after January 16, 2007, with a UN qualifier but bill for the actual minutes will be overpaid. Providers who submitted electronic anesthesia claims with a UN qualifier prior to January 16, 2007, but billed using 15-minute units may have been underpaid. The exact location on the 837P transaction is in the 2400 Loop in the SV1-03 Segment and is called the "Unit or Basis for Measurement Code." Providers can choose UN (units) or MJ (minutes).

Providers who have had claims under- or overpaid should submit adjusted claims or call Provider Relations for assistance.

### **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**